

03500.014248.



PATENT APPLICATION

2612
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
OSAMU HAMAMOTO)
Application No.: 09/501,589)
Filed: February 10, 2000)
For: PHOTOELECTRIC IMAGE INPUT)
APPARATUS AND)
PHOTOELECTRIC IMAGE INPUT)
SYSTEM (As Amended) : October 20, 2004

Examiner: Justin P. Misleh

Group Art Unit: 2612 **RECEIVED**

OCT 28 2004

Technology Center 2600

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated July 20, 2004, please amend the above-identified application as follows. The claim amendments are reflected in the listing that begins at page 2 and the Remarks begin at page 6.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

October 20, 2004
(Date of Deposit)

Peter G. Thurlow (Reg. No. 47,138)
(Name of Attorney for Applicant)

Peter G. Thurlow.
Signature

October 20, 2004
Date of Signature



In re Application of:

OSAMU HAMAMOTO

Application No.: 09/501,589

Filed: February 10, 2000

For: PHOTOELECTRIC IMAGE INPUT APPARATUS
AND PHOTOELECTRIC IMAGE INPUT SYSTEM
(As Amended)

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 12	MINUS	** 20	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	* 4	MINUS	*** 4	= 0	x \$44 \$88	\$0.00
Fee for Multiple Dependent claims \$150°/\$300						\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT—						\$0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- Verified Statement claiming small entity status is enclosed, if not filed previously.
- A check in the amount of \$_____ is enclosed.
- Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Peter G. Thurlow
Attorney for Applicant
Registration No.: 47,138

FITZPATRICK, CELLA, HARPER & SCINTO
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